

MEMBERSHIP APPLICATION FORM

| DATE: | | | |
|---|--------------|--|------|
| NAME: | | | |
| ADDRESS |): | | |
| PARISH: | | | |
| HOME TE | L: WORK TEL: | | CELL |
| EMAIL: | | | |
| OCCUPAT PROFESS | | | |
| MEMBERSHIP TYPE: ORDINARY \$60.00 LIFE: \$ 600.00 | | | |
| SIGN: | | | |

WE NEED YOUR SUPPORT SIGN UP NOW!

The Hassell & Symmonds Cardiac Care Centre
#3 Railway View, Ladymeade Gardens
Jemmotts Lane
St. Michael BB11156
Barbados WI
Tel (246) 437-3312 or 427-8031
Fax (246) 430 9898
Email :admin@hsfbarbados.com
Web: www.hsfbarbados.org

Kindly complete and return this application form to the Heart & Stroke Foundation of Barbados Inc with your membership fee

Ordinary Membership fee is due annually

Everybody has a heart!



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